



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

September 15, 2006

FILE COPY

Stanley Turner, Administrator
Spring Creek Manor - Meridian
175 East Calderwood Avenue
Meridian, ID 83642

License #: RC-860

Dear Mr. Turner:

On August 8, 2006, a survey was conducted at Spring Creek Manor - Meridian, Spring Creek Manor V, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DEBBIE SHOLLEY, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/slc



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August 22, 2006

FILE COPY

Stanley Turner, Administrator
Spring Creek Manor - Meridian
175 East Calderwood Avenue
Meridian, ID 83642

Dear Mr. Turner:

On August 8, 2006, a initial licensure survey was conducted at Spring Creek Manor - Meridian, Spring Creek Manor V, Llc. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 7, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R860	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2006
NAME OF PROVIDER OR SUPPLIER SPRING CREEK MANOR - MERIDIAN		STREET ADDRESS, CITY, STATE, ZIP CODE 175 EAST CALDERWOOD AVENUE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial survey conducted on August 8, 2006. The surveyors conducting the initial survey were:</p> <p>Debbie Sholley, LSW Team Leader Health Facility Surveyor</p> <p>Patrick Hendrickson, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

HJ1811

If continuation sheet 1 of 1



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BUREAU OF FACILITY STANDARDS
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Spring Creek Manor Meridian</i>	Physical Address <i>175 East Calderwood</i>	Phone Number <i>884-6199</i>
Administrator <i>Shawn Turner</i>	City <i>Meridian</i>	ZIP Code <i>83642</i>
Survey Team Leader <i>Debbie Sholley</i>	Survey Type <i>Initial</i>	Survey Date <i>8/8/06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.305.01	Nurse did not assess Resident #2 need for a heating pad.	
2	16.03.22.152.04	The Facility did not have policy & procedures for transfers of residents to other facility.	
3	16.03.22.710.07	Resident #4's record did not contain a MAT.	
4	16.03.22.710.08	Resident #4 did not have a NSA or interim plan of care.	
5	16.03.22.600.06	A staff person worked alone without a current first aide certification.	
6	16.03.22.310.01.0	Resident room #s 3, 15 & 16 contained medications that were not maintained in a secure area.	
7	16.03.22.320.	Resident #s 2, 3, & 4 NSAs were not completed within 14 days after admission.	
8	16.03.22.220	Resident #3's Admission Agreement was not signed by the resident or representative before or upon admission.	

Response Required Date

Signature of Facility Representative

9/8/06

Shawn Turner